

What do I need to do to complete the application process?

Although it is not a complicated process, completion of a successful guaranteed loan application requires some detailed work and planning. To make this work effectively, we ask you to complete the following steps:

- _____ 1. Request an application packet and read the information and requirements completely and carefully. As you do this, write down any questions you may have and note anything you do not understand.
- _____ 2. Ask to talk to the Program Development Coordinator at the Arkansas Division of Child Care and Early Childhood Education Program Support Office, phone (501) 682-9699. This individual will be able to answer any questions and will work with you to help you develop the strongest possible application for your facility.
- _____ 3. Complete a beginning draft of the financial information section of your application to help you determine a tentative level of financial need for your loan application.
- _____ 4. Identify a local bank or other financial institution appropriate for your situation and complete their application process. If they approve your loan, you will not be eligible for the guarantee loan fund support and should continue your business plans by working with the bank and local small business administration offices.
- _____ 5. If the bank denies your loan, ask them if they would be willing to consider the loan if the state acts as a guarantor for the loan. If the lending institution is not familiar with the guaranteed loan fund, share information from this packet with them and let them know that they may also call the Program Development Coordinator at the Division of Child Care and Early Childhood Education Program Support office for answers to their questions.
- _____ 6. Request a letter from your bank or lending institution stating reasons for denial of the loan and stating they would be willing to reconsider the loan with the state guarantee.
- _____ 7. Gather all required information for your application. This includes the following:
 - Completed Arkansas Child Care Facilities Loan Guarantee Fund Application.
 - Letter from your local child care licensing specialist. If you do not have the name of that individual, contact the licensing office at (800) 445-3316 and they will assist you in making contact with your local specialist. New facilities will need to arrange for preliminary inspection of the proposed facility through their local licensing specialist to obtain this letter.
 - Letters documenting zoning, health, and fire approvals.
 - Letter of denial from bank or lending institution.
 - Five year business plan, using forms and formats in application packet.
 - Five year projected budget, using forms and formats in application packet.
 - Completed loan application for the bank or financial institution.
- _____ 8. Submit the completed application form and all supporting information in a single packet, fastened only with a single clip or staple in the upper, left-hand corner of the pages. **DO NOT** use any binders, vinyl covers, folders or other special fastenings. **APPLICATIONS THAT DO NOT CONTAIN ALL OF THE REQUIRED ITEMS WILL NOT BE CONSIDERED.**

How will I know if the guarantee is approved?

When your application packet is received, the Program Development Coordinator will review the information for completeness and to assess the effectiveness of your proposal. If necessary, the Program Development Coordinator will request additional information to support your application. You will receive a letter acknowledging receipt of your application and informing you of any additional information required. It is YOUR responsibility to follow through on the process and provide the information requested. Action on your application will not move forward until all information requested has been received.

After the application is complete and all additional information has been provided, the Program Development Coordinator will schedule a time for the applicant/provider to meet with the Finance Committee of the Arkansas Early Childhood Commission. At this meeting, committee members will review the application with representatives from the Division of Child Care and Early Childhood Education and the applicant/provider, asking questions about the proposed business plan, projected budget, and any other information they feel they need to make an informed decision about the proposed facility.

The commissioners make a recommendation to the Division. The Division has final authority to approve the application, deny the application, or request additional information before making a decision about the application. The applicant/provider will be informed as to the decision of the committee within two business days following the meeting.

Is there anything I can do to make my application more successful?

The application packet contains detailed instructions for each section of the application. Please follow the recommendations and complete each section thoroughly and carefully. Do not skip any sections and do not leave anything blank.

The process of applying for the guarantee includes only information that is necessary for successful development of a child care facility and business. If you do not understand some sections of the application or do not have the information required, you need to take the time to get that information and present it clearly and fully. A clear, fully-developed business plan and projected budget is recommended as a sound business practice in all businesses. Remember, even though we are in a caring business, it still must be based on sound business practices if we want to succeed.

Don't hesitate to contact the Arkansas Division of Child Care and Early Childhood Education Program Support Office and your licensing specialist with any questions or concerns. We are here to help you succeed in meeting the needs of children and families in the state of Arkansas.

**ARKANSAS CHILD CARE FACILITIES LOAN GUARANTEE FUND
APPLICATION FORM**

A. APPLICATION TYPE (CHECK ALL THAT APPLY):

- ☐ NEW CENTER --Planned ☐ EXPANSION/RENOVATION EXISTING CENTER
Open Date: _____
☐ NEW FAMILY HOME ☐ EXPANSION/RENOVATION EXISTING FAMILY HOME
☐ FOR-PROFIT ☐ NON-PROFIT (Attach copy of non-profit incorporation form)

B. APPLICANT PERSONAL INFORMATION:

1. NAME _____ 2. SOC. SEC. # _____
3. ADDRESS _____
4. CITY _____ 5. STATE _____ 6. ZIP _____
7. HOME PHONE _____ 8. WORK PHONE _____
9. EDUCATION: H.S. DIPLOMA/GED ☐ YES ☐ NO DATE EARNED: _____
OTHER EDUCATION/TRAINING: _____

10. EMPLOYMENT HISTORY

PLACE OF EMPLOYMENT	FROM	TO	JOB DUTIES/TITLE

C. FACILITY/BUSINESS INFORMATION:

1. FACILITY/
BUSINESS NAME _____ 2. DIRECTOR
NAME _____
3. ADDRESS _____
4. CITY _____ 5. STATE _____ 6. ZIP _____
7. BUSINESS PHONE _____
8. TOTAL # 9. DIRECTOR ☐ BA DEGREE ☐ CDA CRED.
STAFF QUALIFICATIONS: ☐ AA DEGREE ☐ H.S. + 4 YR EXP.

10. PROPOSED CAPACITY

BIRTH TO 3 # 3 TO 5 # SCHOOL- TOTAL #
YR. OLD YR. OLD AGE CHILDREN

11. PROVIDE ☐ YES ☐ NO
TRANSPORTATION

12. OPERATION HOURS	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
OPEN							
CLOSE							

D. APPROVALS (ATTACH DOCUMENTS VERIFYING ALL APPROVALS AND LICENSES):

- | | | |
|---|------------------------------|-----------------------------|
| 1. PLANS APPROVED BY LICENSING UNIT | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. ANY CURRENT LICENSES IN GOOD STANDING | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. PREVIOUS ADVERSE ACTIONS AGAINST ANY LICENSE | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. LOCAL ZONING BOARD APPROVAL | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. LOCAL FIRE MARSHAL APPROVAL | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. HEALTH DEPARTMENT APPROVAL | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

E. LOCAL NEED ANALYSIS:

- | | | | | |
|---|--|--|--|--|
| 1. TOTAL #
CHILD CARE
FACILITIES IN
LOCAL AREA | 2. TOTAL #
CHILD CARE
SLOTS IN
LOCAL AREA | 3. # INFANT
CARE SLOTS IN
LOCAL AREA | 4. # PRE-
SCHOOL CARE
SLOTS IN
LOCAL AREA | 5. # SCHOOL-
AGE CARE
SLOTS IN
LOCAL AREA |
|---|--|--|--|--|

6. Please write a short paragraph describing why there is a need for more child care in your community and explaining how opening and/or expanding your facility will help to meet those needs:

E. LOAN INFORMATION

1. BANK NAME _____
2. ADDRESS _____
3. CITY _____ 4. STATE _____ 5. ZIP _____
6. CONTACT NAME _____ 7. CONTACT PHONE _____
8. TOTAL AMOUNT REQUESTED FROM BANK \$ _____
9. DESCRIBE BRIEFLY THE PURPOSE(S) OF THIS LOAN:

10. PROPOSED REPAYMENT PLAN: _____ MONTHS AT \$ _____ PER MO.

11. I certify that the information in this application is true and correct to the best of my knowledge.

Signature of applicant

Date

FIVE YEAR BUDGET PROJECTION SUMMARY FORM
(Attach detailed budget justification sheet for all lines of summary form--see instructions.)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
I. BUSINESS INCOME					
a. Weekly fees					
b. Registration/Sign-up Fees					
c. Transportation Fees					
d. USDA Food Program					
e. Fund Raising					
f. Donations (in-kind/cash)					
g. Grants					
h. Other income					
i. Other income					
TOTAL INCOME:					
II. BUSINESS EXPENSES					
a. Salaries/wages					
b. Payroll taxes					
c. Fringe Benefits					
d. Food					
e. Materials/supplies					
f. Equipment/furniture					
g. Rent/lease/mortgage					
h. Utilities					
i. Insurance					
j. Fees/licensing					
k. Contract Services					
l. Repairs/improvements					
m. Vehicle payment/lease					
n. Gasoline/maintenance					
o. Other expenses					
p. Other expenses					
q. Other expenses					
TOTAL EXPENSES:					

BUDGET JUSTIFICATION FORM

BUDGET ITEM	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
I. INCOME					
a. Weekly fees					
b. Registration/Sign-up Fees					
c. Transportation Fees					
d. USDA Food Program					
e. Fund Raising					
f. Donations (in-kind/cash)					
g. Grants					
h. Other income					
i. Other income					

BUDGET ITEM	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
II. BUSINESS EXPENSES					
a. Salaries/wages					
b. Payroll taxes					
c. Fringe Benefits					
d. Food					
e. Materials/supplies					
f. Equipment/ furniture					
g. Rent/lease/ mortgage					
h. Utilities					
i. Insurance					
j. Fees/licensing					

BUDGET ITEM	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
k. Contract Services					
l. Repairs/ improvements					
m. Vehicle payment/lease					
n. Gasoline/ maintenance					
o. Other expenses					
p. Other expenses					
q. Other expenses					

FIVE-YEAR BUSINESS PLAN FORM

	FINANCIAL GROWTH	MARKETING	STAFF DEVELOPMENT	FACILITY IMPROVEMENT	PROGRAM IMPROVEMENT
Y E A R 1					
Y E A R 2					
Y E A R 3					
Y E A R 4					
Y E A R 5					

